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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122200001		CITY OR TOWN SOUTH	WICK
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: LOUIE B'S, I DOING BUSINESS A LOUIE B'S			
ADDRESS 101 POINT GROVE R			
CITY/TOWN: SOUTHWICK	STATE: MA	ZIP CODE: 01077	
MANAGER: RIVERA, WILLIAM	TYPE OF LICENSE: Resi	taurant CATEGOR'	Y: All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED PR ALTER BY EXTENDING THE RE I hereby certify and swear under pen 1. the renewed license will is 2. the licensee has complied 3. the premises are now open SIGNED BY:	estaurant 2700 SQ FT alties of perjury that: be of the same type for the standard with all laws of the Communication.	FOR A DECK IN THE BAC same premises now licensed; nonwealth relating to taxes; an in below)	
DATE: TELEP	HONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Social	
We the undersigned, attest that w Acts of 2004, signed by the buildin license and (2) the certificate of license	ng inspector and the head	of the fire department for t	he above named
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappioved expiaili)			<del></del>
DATE:			



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LICENSE NUMBE	R: 122200002		CITY OR I	IOWN	SOUTHWI	CK
APPLICATION FO	R RENEWAL:	Annual		LICENSI	ED FOR 20	)13
		CLASS				YEAR
LICENSEE NAME:	NORA'S RESTAUR	RANT INC.				
DOING BUSINESS	A NORA'S					
ADDRESS 106 POI	NT GROVE ROAD					
CITY/TOWN: SO	UTHWICK	STATE: MA	ZIP CO	DE:	01077	
MANAGER: RIV	ERA, WILLIAMTYP	E OF LICENSE: R	estaurant	CA	ΓEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEI	SSITE AND ENTER YOUR	EMAIL ADDRESS			_
DESCRIPTION OF	LICENSED PREMIS	ES:				
FOUR ENTRANCI MEN'S ROOM ONI RESTROOMS ON I	. FT.TWO STORIES.H ES/EXITS.ONE FROM E LADIES ROOM,ON FIRST FLOOR.MAIN ITIONAL DINING AR T.	IT,ONE REAR AN E UNISEX HANI ENTRANCE IS H	ND TWO SID DICAP RESTI IANDICAP A	ES. REST ROOM. A CCESSII	TROOMS ( ALL PUBL) BLE.SECO	ONE IC ND
I hereby certify and	swear under penalties	of perjury that:				
•	ved license will be of the		e same premis	ses now li	censed;	
2. the licens	see has complied with a	all laws of the Com	nmonwealth re	lating to	taxes; and	
3. the premi	ises are now open for b	ousiness (If not exp	olain below)			
SIGNED BY:	Individual, Partner o	or Authorized Corp	porate Officer			
DATE:	TELEDION		EM	IDI OVED I	DENTIFICAT	TON NUMBER:
<i>51112.</i>	TELEPHONE	E NUMBER:				ecurity Number)
Acts of 2004, signe	ed, attest that we are i d by the building insp certificate of liquor li	pector and the hea	ad of the fire	departm	ent for the	above named
Please Check Below:			LOCAL I	LICENSII	NG AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:	.:.)					
(If disapproved expl	ain)					
DATE:			-			



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LICENSE NU	MBER: 122200003		CITY OR TOWN	SOUTHWICK
APPLICATIO:	N FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: KAYDUB, INC	C.		
	NESS A SOUTHWICH			
	9-81 COLLEGE HIGH			
			ZID CODE	01077
CITY/TOWN:	SOUTHWICK	STATE: MA	ZIP CODE:	01077
MANAGER:	STEINBERG, JESSICA LYNN	TYPE OF LICENSE: Inn	holder C	CATEGORY: All Alcohol
EMAIL ADDI	RESS:		-	
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EM	MAIL ADDRESS	
DESCRIPTIO:	N OF LICENSED PRE	MISES:		
REAR OF BLI PORCHES AN SECOND FIR OFF OF THE	DG.SERVING ON BO' ND A PATIO. A PORC ST LDOOR WRAP AF FIRST FLOOR PORCI	ON NORTH AND SOU'TH LEVELS OF A TWO TH ON THE NORTH SIE ROUND PORCH APPRO H APPROX 14 FT. X 32 EASTERLY/SOUTHER	O STORY BLDG.I DE,APPROX 350 S DX.436 SQ. FT. A I FT.SECOND FLO	NCLUDING Q. FT. AND A PATIO EXTENDING OOR WRAP AROUND
I hereby certify	y and swear under penal	lties of perjury that:		
1. the	renewed license will be	e of the same type for the	same premises nov	v licensed;
2. the	licensee has complied	with all laws of the Comm	nonwealth relating	to taxes; and
3. the	premises are now open	for business (If not expla	ain below)	
SIGNED BY:			0.00	
	Individual, Par	tner or Authorized Corpo	rate Officer	
DATE:	TELEPH	IONE NUMBER:		R IDENTIFICATION NUMBER:
			(Note. NOT In	dividual Social Security Number)
	0 ,	_ , ,	_	red by Chapter 304 of the
				tment for the above named er 116 of the Acts of 2010.
Please Check Belo	ow:		LOCAL LICEN	SING AUTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	d explain)			



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LICENSE NUMBER: 122200004		CITY OR TOWN	SOUTHWICK
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: STATE LINE ST	ΓATION INC.		
DOING BUSINESS A			
ADDRESS 4 COLLEGE HIGHWAY			
CITY/TOWN: SOUTHWICK	STATE: MA	ZIP CODE:	01077
MANAGER: BARRY, LYDIA A. T	YPE OF LICENSE: Rest	taurant CA	TEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREM	IISES:		
EASTERLY ON COLLEGE HIGHWATHREE ROOMS ON FIRST FLOOR, FRONT, ONE ON SIDE AND ONE IN	WITH ENTRANCES A		
I hereby certify and swear under penalti			
1. the renewed license will be o		same premises now l	icensed:
2. the licensee has complied w	* *	-	
3. the premises are now open f			,
SIGNED BY: Individual, Partn	ner or Authorized Corpor	rate Officer	
DATE: TELEPHO	ONE NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
TEDEI III	A COMBER.	(Note: NOT Indi	vidual Social Security Number)
We the undersigned, attest that we a Acts of 2004, signed by the building license and (2) the certificate of liquo	inspector and the head	of the fire departm	ent for the above named
Please Check Below:		LOCAL LICENSI	NG AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUMBER: 122200005		CITY OR TOWN	SOUTHWICK	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
	CLASS		YE	EAR
LICENSEE NAME: V.F.ROMA ITALIA DOING BUSINESS A ROMA RESTAU				
ADDRESS 561 COLLEGE HIGHWAY				
CITY/TOWN: SOUTHWICK	STATE: MA	ZIP CODE:	01077	
MANAGER: DIBENEDETTO, TYP LUIGI	E OF LICENSE: Re	staurant CA	ATEGORY: A	ll Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LICENSED PREMIS	ES:			
ONE FLOOR BRICK AND BLOCK BUIL ROOM, BASEMENT FOR STORAGE, 2 FOOTAGE				
the licensee has complied with     the premises are now open for b  SIGNED BY:  Individual, Partner	all laws of the Com	monwealth relating to		
DATE: TELEPHONI	E NUMBER:		R IDENTIFICATION	
We the undersigned, attest that we are Acts of 2004, signed by the building insplicense and (2) the certificate of liquor l	pector and the head	d of the fire depart	ment for the ab	ove named
Please Check Below:		LOCAL LICENS	SING AUTHOR	ITY
APPROVED: DISAPPROVED: (If disapproved explain)		By:		
DATE				
DATE:				



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LICENSE NUMBER:	122200006		CITY OR TO	WN SOUTHWI	ICK
APPLICATION FOR	RENEWAL:	Annual	LI	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	E.E.G. CORP.				
DOING BUSINESS A	THE CANDLEY	VOOD INN			
ADDRESS 739 COLI	LEGE HIGHWAY				
CITY/TOWN: SOUT	ΓHWICK	STATE: MA	ZIP COD	E: 01077	
MANAGER: DEXT A.	ER, DIANNA TY	PE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMI	SES:			
WESTERLY ON COLON FIRST FLOOR, SERVICE AND SERVICE GOLF COURSE	IX ROOMS ON S ECOND FLOOR F	ECOND FLOOR, R OR STORAGE. AL	EAR AND SIDI TERED PREMI	E ENTRANCES, SES TO INCLUD	DE 18
I hereby certify and sv	vear under penaltie	s of perjury that:			
1. the renewe	d license will be of	the same type for th	e same premises	now licensed;	
	-	n all laws of the Com		ting to taxes; and	
3. the premise	es are now open for	business (If not exp	lain below)		
SIGNED BY:	Individual, Partne	r or Authorized Corp	oorate Officer		
DATE:	TELEPHON	NE NUMBER:		OYER IDENTIFICAT	
We the undersigned Acts of 2004, signed license and (2) the co	by the building in	spector and the hea	nd of the fire de	partment for the	above named
Please Check Below:			LOCAL LIC	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain					
(11 disappioved expiai	11 <i>)</i>				
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	122200008		CITY OR TOW	N SOUTHW	ICK
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: 3 DOING BUSINESS A ADDRESS 141 CONC	CRABBY JOE'S TA	AVERN			
		OTATE. MA	ZID CODE	01077	
CITY/TOWN: SOUT		STATE: MA		01077	
MANAGER: Scudier	ri, Patricia A TYPE	OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL DESCRIPTION OF LI	EASE ALSO VISIT OUR WEBS		EMAIL ADDRESS		
FIRST FLOOR FIVE I ROOM AREA 600SQ DECKS AND 1 TERR	ROOMS, CELLAR IS FT IN THE BACK F	S ONE ROOM W			
2. the licensee	I license will be of the has complied with al s are now open for bu	e same type for the laws of the Com	nmonwealth relating		
SIGNED BY:	Individual, Partner or	· Authorized Corp	porate Officer		
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT	
We the undersigned, Acts of 2004, signed I license and (2) the ce	by the building inspe	ector and the hea	nd of the fire depa	rtment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	] n)		LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 12220	10009	CI	IYOK TOWN SO	UTHWICK
APPLICATION FOR RENI	EWAL: A	nnual	LICENSED	FOR 2013
	C	LASS		YEAR
LICENSEE NAME: AME DOING BUSINESS A		THWICK POS	T#338 INC.	
ADDRESS 46 POWDER M				
CITY/TOWN: SOUTHWI	CK STAT	E: MA	ZIP CODE: 010	077
MANAGER: AVERY, KI	ENNETHTYPE OF LIC	ENSE: Vetera	ns club CATEO	GORY: All Alcohol
EMAIL ADDRESS:				
	LSO VISIT OUR WEBSITE AND EN	TER YOUR EMAIL	ADDRESS	
DESCRIPTION OF LICEN INCREASE IN SERVING FOR OUTDOOR SERVING	AREA TO 2,040 SQ.FT.	TO ENCOM	PASS A FENCED O	FF SECTION
2. the licensee has o	use will be of the same to complied with all laws or now open for business (	pe for the san	wealth relating to taxe	
SIGNED BY:	idual, Partner or Author	zed Corporate	e Officer	
DATE:	TELEPHONE NUMBI	ER:		NTIFICATION NUMBER: al Social Security Number)
We the undersigned, attes Acts of 2004, signed by the license and (2) the certific	e building inspector an	d the head of	the fire department	for the above named
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)			LOCAL LICENSING By:	AUTHORITY
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 122200010		CITY OR TOWN	SOUTHWI	CK
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME:	THE OLDE FARM O	GOLF CLUB L	LC		
DOING BUSINESS	A THE RANCH GOL	F CLUB			
ADDRESS 100 RAN	NCH CLUB RD				
CITY/TOWN: SOU	JTHWICK	STATE: M	ZIP CODE:	01077	
MANAGER: STEI	PAMSR,DAVIDTYPE	OF LICENSE	:Restaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YO	UR EMAIL ADDRESS		ı
DESCRIPTION OF	LICENSED PREMISE	S:			
			CED COURT YARD. THE NEW NET TOTAL		
I hereby certify and s	swear under penalties of	perjury that:			
			the same premises now		
	-		ommonwealth relating t	o taxes; and	
3. the premi	ses are now open for bu	isiness (If not e	explain below)		
SIGNED BY:	Individual, Partner or	· Authorized Co	orporate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYEI (Note: <u>NOT</u> Inc	R IDENTIFICAT	
Acts of 2004, signed	d by the building inspe	ector and the l	) the certificate requir nead of the fire depart ce required by Chapte	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain	 ain)				
(11 disapproved expit	···· <i>)</i>				
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 122200011		CITY OR TOWN	SOUTHWICK
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR
LICENSEE NAME: DOING BUSINESS	A BREW TOO			
ADDRESS 157 FEE CITY/TOWN: SOU		STATE: MA	ZIP CODE:	01077
MANAGER: TAN		PE OF LICENSE: Res		ATEGORY: All Alcohol
EMAIL ADDRESS:				
PEG CD ID MICH OF		EBSITE AND ENTER YOUR EM	IAIL ADDRESS	
	LICENSED PREMIS  7/ 3 RMS. ON 1ST F		END FLOOR, PICN	IC GROVE & 858 SF
	ises are now open for	a all laws of the Comn business (If not expla- tror Authorized Corpo	nin below)	) taxes; and
DATE:	TELEPHON	IE NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, signe	d by the building in	spector and the head	of the fire departr	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved expl.)	ain)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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LICENSE NUMBER:	122200012		CITY O	R TOWN	SOUTHWI	CK
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	Tucker's Restaurar	nt, Inc				
DOING BUSINESS A	A Tucker's Restaur	ant				
ADDRESS 625 COLI	LEGE HIGHWAY					
CITY/TOWN: SOU	ГНWICK	STATE: MA	ZIP	CODE:	01077	
MANAGER: Ander	son, Michael TY	PE OF LICENSE: In	nholder	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						]
P	LEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR	EMAIL ADDRE	SS		_
DESCRIPTION OF L	ICENSED PREMI	SES:				
SOUTH SHORE OF I ELEVEN ROOMS UI PATIO, CELLAR US	PSTAIRS AND BA	ACK ENTRANCES .				
I hereby certify and sv	vear under penaltie	s of perjury that:				
1. the renewe	d license will be of	the same type for th	e same pre	mises now	licensed;	
2. the license	e has complied with	h all laws of the Com	nmonwealt	h relating t	o taxes; and	
3. the premise	es are now open for	r business (If not exp	lain below	·)		
SIGNED BY:						
	Individual, Partne	r or Authorized Corp	oorate Offi	cer		
DATE:						
DATE:	TELEPHON	NE NUMBER:	(No			TION NUMBER: ecurity Number)
					ar radiar Social S	country (values)
We the undersigned Acts of 2004, signed	by the building in	spector and the hea	ad of the fi	ire depart	ment for the	above named
license and (2) the co	ertificate of fiquor	nability insurance	requirea	oy Cnapte	r 116 of the	Acts of 2010.
Please Check Below: APPROVED:				L LICENS	SING AUTHO	ORITY
DISAPPROVED:	$\neg$		By:			
(If disapproved explain	 n)					
	•					
D.A.EE						
DATE:						
APPLICATION FOR RENEW	AL MUST BE FILED BY I	LICENSEES DURING THE	MONTH OF N	OVEMBER (M	I.G.L. Ch. 138 \$ 10	5A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL:  CLASS  CLASS  YEAR  LICENSEE NAME: POINT GROVE INC.  DOING BUSINESS A HILLTOP CAFE	
LICENSEE NAME: POINT GROVE INC.	
DOING BUSINESS A HILLTOP CAFE	
ADDRESS 110-11 POINT GROVE	
CITY/TOWN: SOUTHWICK STATE: MA ZIP CODE: 01077	
MANAGER: LENIHAN, TYPE OF LICENSE: Restaurant CATEGORY: All All GERALD	lcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:	
SIDE ENTRANCE AND EXITS, FIRST FLOOR OF A TWO-STORY FRAME BUILDING, FIVE ROOMS, TAP ROOM AND LOUNGE, DINING ROOM AND KITCHEN. CELLAR USED FOR STORAGE.	
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the same premises now licensed;	
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and	
3. the premises are now open for business (If not explain below)	
GIGNED DV	
SIGNED BY: Individual, Partner or Authorized Corporate Officer	
	MBER:
Individual, Partner or Authorized Corporate Officer	
Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:	Jumber) of the named
DATE:  TELEPHONE NUMBER:  EMPLOYER IDENTIFICATION NUMBER:  (Note: NOT Individual Social Security Notes of 2004, signed by the building inspector and the head of the fire department for the above license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of Please Check Below:  LOCAL LICENSING AUTHORITY	of the named 2010.
Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Notes)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of Acts of 2004, signed by the building inspector and the head of the fire department for the above license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of Please Check Below:  APPROVED: LOCAL LICENSING AUTHORITY By:	of the named 2010.
DATE:  TELEPHONE NUMBER:  EMPLOYER IDENTIFICATION NUMBER:  (Note: NOT Individual Social Security Notes of 2004, signed by the building inspector and the head of the fire department for the above license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of Please Check Below:  APPROVED:  DISAPPROVED:  By:  DISAPPROVED:	of the named 2010.
Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Notes)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of Acts of 2004, signed by the building inspector and the head of the fire department for the above license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of Please Check Below:  APPROVED: LOCAL LICENSING AUTHORITY By:	of the named 2010.
DATE:  TELEPHONE NUMBER:  EMPLOYER IDENTIFICATION NUMBER:  (Note: NOT Individual Social Security Notes of 2004, signed by the building inspector and the head of the fire department for the above license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of Please Check Below:  APPROVED:  DISAPPROVED:  By:  DISAPPROVED:	of the named 2010.



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 122200015		CITY OR TOW	N SOUTHWI	ICK
APPLICATION FO	R RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	A THE SKYBOX				
ADDRESS 25 POIN		OTATE. MA	ZID CODE	01077	
CITY/TOWN: SOU		STATE: MA	ZIP CODE:	01077	
MANAGER: RINI	DELS, RANDY TYP	E OF LICENSE:Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF	PLEASE ALSO VISIT OUR WE LICENSED PREMIS		EMAIL ADDRESS		
IN ONE STORY FR	AME BUILDING,TV CELLAR FOR STOR	VO ROOMS, ONE	FRONT AND SID	DE ENTRANCI	E, TWO
I hereby certify and s	swear under penalties	of perjury that:			
	ed license will be of the	• •	-		
	ee has complied with		•	g to taxes; and	
3. the premi	ses are now open for b	ousiness (If not exp	lain below)		
SIGNED BY:	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:		YER IDENTIFICAT	
			(Note: NOT	Individual Social S	security Number)
Acts of 2004, signed	d, attest that we are in the building inspectificate of liquor l	pector and the hea	d of the fire depa	rtment for the	above named
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: [	nin)				
· · · · · · · · · · · · · · · · · · ·	,				
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 122200016		CITY OR TOWN	SOUTHWICK
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 90 POIN		ISES, INC.		
CITY/TOWN: SOU		CTATE. MA	ZID CODE.	01077
		STATE: MA	ZIP CODE:	01077
MANAGER: SCU A.	DERI,PATRICATYPE	OF LICENSE:Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
DEGGDIPHION OF	PLEASE ALSO VISIT OUR WEBSI		MAIL ADDRESS	
	LICENSED PREMISES			NID DAVIH ION AT
	ET HALL, TAVERN, E SOX 2616 SQ FT ABUT			IND PAVILION AT
I hereby certify and s	swear under penalties of	perjury that:		
1. the renew	ved license will be of the	same type for the	e same premises now	licensed;
2. the licens	ee has complied with all	laws of the Com	monwealth relating to	taxes; and
3. the premi	ses are now open for bus	siness (If not expl	ain below)	
SIGNED BY:	Individual, Partner or	Authorized Corp	orate Officer	
DATE:	TELEPHONE N	NUMBER:		LIDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, signed	d by the building inspe	ctor and the hea	d of the fire departı	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved explain	ain)			
(II disappioved expir	uiii <i>)</i>			
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 122200017		CITY OR TOWN SOUTHW.	ICK
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NA	AME: DESMOND INC.			
DOING BUSIN	NESS A FRANKLIN HOUS	SE		
ADDRESS 127	CONGAMOND RD.			
CITY/TOWN:	SOUTHWICK	STATE: MA	ZIP CODE: 01077	
MANAGER:	GIRARD, ERNEST TYPI A. JR.	E OF LICENSE: Rest	aurant CATEGORY:	All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR WEE	SITE AND ENTER YOUR EMA	AIL ADDRESS	_
DESCRIPTION	N OF LICENSED PREMISE	ES:		
	ICE ON NORTH SIDE OF		Y 500' EAST OF THE RAILRO ATIO, ROOM FOR STORAGI	
I hereby certify	and swear under penalties of	of perjury that:		
1. the 1	renewed license will be of the	e same type for the s	ame premises now licensed;	
2. the l	licensee has complied with a	ll laws of the Commo	onwealth relating to taxes; and	
3. the p	premises are now open for b	usiness (If not explai	n below)	
SIGNED BY:	Individual, Partner o	or Authorized Corpor	ate Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFICAT	
			(Note: NOT Individual Social S	Security Number)
Acts of 2004, s	signed by the building insp	ector and the head	certificate required by Chapt of the fire department for the quired by Chapter 116 of the	above named
Please Check Belo	<u>w:</u>		LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVE (If disapproved	<del></del>			
(11 disapproved	capiani)			
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122200020	C	ITY OR TOWN SOUTH	IWICK
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	R 2013
	CLASS		YEAR
LICENSEE NAME: Arkadia Diamond L	LP		
DOING BUSINESS A VILLAGE PIZZA			
ADDRESS 521 W/S COLLEGE HIGHWA	AY		
CITY/TOWN: SOUTHWICK	STATE: MA	ZIP CODE: 01077	
MANAGER: Diamantopoulos, TYPP Diamantis	E OF LICENSE: Restat	urant CATEGOR	Y: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR EMAI	L ADDRESS	
DESCRIPTION OF LICENSED PREMISE	ES:		
BRICK BUILDING IN VILLAGE GREEN AND ONE ROOM FOR STORAGE. ENT PATIO OF 489 SQ. FT. IN FRONT OF B	RANCE EAST AND		
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of the	he same type for the sa	me premises now licensed;	
2. the licensee has complied with a	all laws of the Common	nwealth relating to taxes; an	nd
3. the premises are now open for b	ousiness (If not explain	below)	
SIGNED BY: Individual, Partner of	or Authorized Corpora	te Officer	
	or Authorized Corpora	te Officer	
		te Officer  EMPLOYER IDENTIFIC  (Note: NOT Individual Soc	
Individual, Partner o	E NUMBER: in possession (1) the c pector and the head o	EMPLOYER IDENTIFICATION (Note: NOT Individual Socientificate required by Chaft the fire department for	apter 304 of the the above named
DATE: TELEPHONE  We the undersigned, attest that we are is Acts of 2004, signed by the building insp	E NUMBER: in possession (1) the c pector and the head o iability insurance req	EMPLOYER IDENTIFICATION (Note: NOT Individual Socientificate required by Chaft the fire department for	apter 304 of the the above named he Acts of 2010.
Individual, Partner of TELEPHONE  We the undersigned, attest that we are is Acts of 2004, signed by the building insplicense and (2) the certificate of liquor limits and the control of the please Check Below:  APPROVED:	E NUMBER: in possession (1) the c pector and the head o iability insurance req	EMPLOYER IDENTIFICATION (Note: NOT Individual Societtificate required by Chaff the fire department for the uired by Chapter 116 of the society of the societ	apter 304 of the the above named he Acts of 2010.
Individual, Partner of TELEPHONE  We the undersigned, attest that we are is Acts of 2004, signed by the building insplicense and (2) the certificate of liquor limits approved:  APPROVED:  DISAPPROVED:	E NUMBER: in possession (1) the c pector and the head o iability insurance req	EMPLOYER IDENTIFIC (Note: NOT Individual Societtificate required by Chaft the fire department for uired by Chapter 116 of the LOCAL LICENSING AUX	apter 304 of the the above named he Acts of 2010.
Individual, Partner of TELEPHONE  We the undersigned, attest that we are is Acts of 2004, signed by the building insplicense and (2) the certificate of liquor limits and the control of the please Check Below:  APPROVED:	E NUMBER: in possession (1) the c pector and the head o iability insurance req	EMPLOYER IDENTIFIC (Note: NOT Individual Societtificate required by Chaft the fire department for uired by Chapter 116 of the LOCAL LICENSING AUX	apter 304 of the the above named he Acts of 2010.
Individual, Partner of TELEPHONE  We the undersigned, attest that we are is Acts of 2004, signed by the building insplicense and (2) the certificate of liquor limits approved:  APPROVED:  DISAPPROVED:	E NUMBER: in possession (1) the c pector and the head o iability insurance req	EMPLOYER IDENTIFIC (Note: NOT Individual Societtificate required by Chaft the fire department for uired by Chapter 116 of the LOCAL LICENSING AUX	apter 304 of the the above named he Acts of 2010.



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LICENSE NUMBE	R: 122200021		CITY OR TOWN	SOUTHWICK
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
DOING BUSINESS			2 V.F.W. U.S.INC.	
	S POINT GROVE RD	).		
CITY/TOWN: SO	UTHWICK	STATE: MA	ZIP CODE:	01077
MANAGER: FEI F.	OORA, GEORGE TYP	PE OF LICENSE: Vet	erans club C	ATEGORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF	F LICENSED PREMIS	SES:		
, BASEMENT HAS USED FOR STORA ENCLOSED WITH	S TO INCLUDE TWO S VAR, LOUNGE AR AGE AND OFFICE SI IEN A 6" FENCED SI VO ENTRANCES IN	EA AND STORAGE PACE-OUTSIDE PA ECUTITY AREA (16	(2,190 SQ. FT. SE VILLION AND KI	TCHEN AREA ARE
I hereby certify and	swear under penalties	of perjury that:		
1. the renev	wed license will be of	the same type for the	same premises now	licensed;
2. the licen	see has complied with	all laws of the Comm	nonwealth relating t	o taxes; and
3. the prem	ises are now open for	business (If not expla	nin below)	
SIGNED BY:	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
			(Note: NOT Inc	dividual Social Security Number)
Acts of 2004, signe	ed by the building ins	pector and the head	l of the fire depart	ed by Chapter 304 of the ment for the above named or 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:	]		By:	
DISAPPROVED:				
(If disapproved exp	laın)			
			-	
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 12	2200023	CITY OR TOWN SOUTH	WICK
APPLICATION FOR RE	ENEWAL: Annual	LICENSED FOR	2013
	CLASS		YEAR
DOING BUSINESS A	HARMAR LIQUORS INC.		
CITY/TOWN: SOUTH	WICK STATE: M	A ZIP CODE: 01077	
MANAGER: SAUNDI A.	ERS, KURT TYPE OF LICENSE:	Package Store CATEGORY	Y: All Alcohol
EMAIL ADDRESS:			
PLEA	SE ALSO VISIT OUR WEBSITE AND ENTER YOU	IR EMAIL ADDRESS	
	ENSED PREMISES: SIDE OF CONGAMOND ROAD D ROOMS, (ONE USED FOR ST		Y
2. the licensee has 3. the premises a SIGNED BY:	icense will be of the same type for as complied with all laws of the Coare now open for business (If not extended the coare of the coar	ommonwealth relating to taxes; an xplain below)	ad
	,		
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUT By:	THORITY
DATE:			



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122200024		CITY OR TOWN	SOUTHWICK
APPLICATION FOR RENEWAL	: Annual CLASS	LICEN	SED FOR 2013 YEAR
LICENSEE NAME: D.V.K.K. IN DOING BUSINESS A THE OAK ADDRESS 20-24 POINT GROVE	NC. I'N KEG		ILAK
CITY/TOWN: SOUTHWICK	STATE: MA	ZIP CODE:	01077
MANAGER: PATEL, VIMAL EMAIL ADDRESS:	TYPE OF LICENSE:Pa	ckage Store CA	ATEGORY: All Alcohol
	TOUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
ON THE WESTERLY SIDE OF F FRONT, TWO FLOORS, MAIN I STORAGE.	POINT GROVE ROAD, C		
2. the licensee has compli-	enalties of perjury that:  I be of the same type for the d with all laws of the Compen for business (If not exp	monwealth relating to	
Individual,	Partner or Authorized Corp	orate Officer	
DATE: TELE	EPHONE NUMBER:		R IDENTIFICATION NUMBER:
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHORITY
DATE:			



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122200026		CITY OR TOWN	SOUTHWICK	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013	
	CLASS		YEAR	
LICENSEE NAME: SOUTHWICK PA	CKAGE, INC.			
DOING BUSINESS A				
ADDRESS 466 COLLEGE HIGHWAY				
CITY/TOWN: SOUTHWICK	STATE: MA	ZIP CODE:	01077	
MANAGER: BENOIT, ROBERT TYPE P.	PE OF LICENSE: Pac	kage Store CA	ATEGORY: All Alcoho	1
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LICENSED PREMIS	SES:			
EASTERLY SIDE OF COLLEGE HIGH ONE ROOM AND CELLAR WITH FRO				
2. the licensee has complied with 3. the premises are now open for SIGNED BY: Individual, Partner		in below)	taxes; and	
DATE: TELEPHON	NE NUMBER:		IDENTIFICATION NUMBER vidual Social Security Number	
Please Check Below: APPROVED:			ING AUTHORITY	
DISAPPROVED:		By:		
(If disapproved explain)				
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 122200027		CITY OR TOWN	SOUTHWI	CK
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 587 W/S		A RESTAURANT	, INC		
CITY/TOWN: SOU		STATE: MA	ZIP CODE:	01077	
MANAGER: ZAN SPIF	TOULIADIS, TYPE	OF LICENSE: Res		ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS		MAIL ADDRESS		
1300 SQ FT BLOCI	LICENSED PREMISE K BLDG, TWO EXITS RTY EIGHT PEOPLE		ACK, ONE ENTRAN	NCE, WITH	
<ol> <li>the renew</li> <li>the licens</li> </ol>	swear under penalties of wed license will be of the see has complied with al ises are now open for bu	e same type for the	nonwealth relating to		
SIGNED BY:	Individual, Partner or	r Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER:
Acts of 2004, signe	d, attest that we are in d by the building insp certificate of liquor lia	ector and the head	d of the fire departr	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved expl	ain)		LOCAL LICENS By:	SING AUTHO	DRITY
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	22200029		CITY OR TOWN SOUTHV	VICK
APPLICATION FOR R	ENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME: V	INEE CORP.			
DOING BUSINESS A	LUCKY STOP			
ADDRESS 587 COLLE	GE HWY.			
CITY/TOWN: SOUTH	HWICK	STATE: MA	ZIP CODE: 01077	
MANAGER: DAVE,	NITIN TYPE	E OF LICENSE: Pac	ckage Store CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:				
PLE	ASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LIC	CENSED PREMISE	ES:		
SINGLE FLOOR GENI	ERAL STORE (190	00 SQ. FT.)		
I hereby certify and swe	ar under penalties o	of perjury that:		
1. the renewed	license will be of th	ne same type for the	same premises now licensed;	
2. the licensee l	nas complied with a	all laws of the Comr	nonwealth relating to taxes; and	l
3. the premises	are now open for b	usiness (If not expl	ain below)	
SIGNED BY:				
I	ndividual, Partner o	or Authorized Corpo	orate Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Please Check Below:			LOCAL LICENSING AUTI	HORITY
APPROVED:			By:	
DISAPPROVED:			•	
(If disapproved explain)				
			-	
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122200	032	CITY OR TOWN	SOUTHWICK
APPLICATION FOR RENEW	VAL: Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: MDCS	INC.		
DOING BUSINESS A MILL	IE'S COUNTRY STORE		
ADDRESS 208 COLLEGE H	IGHWAY		
CITY/TOWN: SOUTHWICE	STATE: MA	ZIP CODE:	01077
MANAGER: MUSSELWHI ELLYN	TE, TYPE OF LICENSE:	Package Store CA	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALS	O VISIT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION OF LICENSE	ED PREMISES:		
3674 SF WITH THREE REAL STORE IN A MINI STRIP PI		ANCES, WOOD STRU	CTURE, END
2. the licensee has con	will be of the same type for templied with all laws of the Co w open for business (If not ex	mmonwealth relating to	
SIGNED BY: Individ	ual, Partner or Authorized Co	rporate Officer	
DATE: T	ELEPHONE NUMBER:		IDENTIFICATION NUMBER:
Please Check Below: APPROVED: DISAPPROVED:		LOCAL LICENS By:	ING AUTHORITY
(If disapproved explain)			
DATE:			



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 122200034		CITY OR TOWN	SOUTHW	ICK
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	SCIBELLI'S MOBI	LE INC.			
DOING BUSINESS	A				
ADDRESS 600 COL	LEGE HIGHWAY				
CITY/TOWN: SOU	THWICK	STATE: MA	ZIP CODE:	01077	
MANAGER: SCIB A.	ELLI, DANIEL TYPI	E OF LICENSE:P	ackage Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
]	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF I					
1272 SQ FT CONVE ACRES WITH 4 ISL CAR WASH BUILD AND EXIT ON COL	ANDS OF GAS PUMING, ENTRANCE A	IPS, I ISLAND O	F TRUCK DIESEL P	UMPS, 648	SQ FT
I hereby certify and s	wear under penalties	of perjury that:			
		• 1	ne same premises now		
			nmonwealth relating to	o taxes; and	
3. the premis	ses are now open for b	ousiness (If not exp	plain below)		
SIGNED BY:	Individual, Partner o	or Authorized Cor	porate Officer		
DATE					
DATE:	TELEPHONE	E NUMBER:			TION NUMBER: Security Number)
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: [ (If disapproved expla	l in)				
· · · · · · · · · · · · · · · · · · ·	,				
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 122200035	Cl'I	Y OR TOWN SOUTH	HWICK
APPLICATION FOR RENEWAL:	Annual	LICENSED FOI	R 2013
	CLASS		YEAR
LICENSEE NAME: THE PROUD CHEF	F, LLC		
DOING BUSINESS A THE PROUD CHE	EF		
ADDRESS 784 COLLEGE HIGHWAY			
CITY/TOWN: SOUTHWICK	STATE: MA	ZIP CODE: 01077	
MANAGER: LIONTAS, ARTIMISIA	E OF LICENSE: Restaur	ant CATEGOR	RY: Wine and Malt Cordials
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEB	SSITE AND ENTER YOUR EMAIL A	ADDRESS	
DESCRIPTION OF LICENSED PREMISE	ES:		
ON THE EASTERLY SIDE OF COLLEG ROOM, ONE FLOOR, AND AN ENCLOS SQ. FOOTAGE OF 2094.			
I hereby certify and swear under penalties of	of perjury that:		
1. the renewed license will be of the	ne same type for the sam	e premises now licensed	;
2. the licensee has complied with a		•	and
3. the premises are now open for b	ousiness (If not explain b	elow)	
SIGNED BV:			
SIGNED BY: Individual, Partner of	or Authorized Corporate	Officer	
	or Authorized Corporate	Officer	
Individual, Partner o	or Authorized Corporate	Officer	
		Officer  EMPLOYER IDENTIF (Note: NOT Individual Soc	
Individual, Partner o	E NUMBER:  n possession (1) the cerector and the head of the section (1) the cerector and the head of	EMPLOYER IDENTIF (Note: NOT Individual Societificate required by Checker in the department for	napter 304 of the the above named
Individual, Partner of DATE:  TELEPHONE  We the undersigned, attest that we are is Acts of 2004, signed by the building insp	E NUMBER:  n possession (1) the cerector and the head of the ability insurance requi	EMPLOYER IDENTIF (Note: NOT Individual Societificate required by Checker in the department for	napter 304 of the the above named the Acts of 2010.
Individual, Partner of TELEPHONE  We the undersigned, attest that we are it Acts of 2004, signed by the building insplicense and (2) the certificate of liquor limit Please Check Below:  APPROVED:	E NUMBER:  n possession (1) the cerector and the head of the ability insurance requi	EMPLOYER IDENTIF (Note: NOT Individual Societificate required by Chehe fire department for red by Chapter 116 of OCAL LICENSING AU	napter 304 of the the above named the Acts of 2010.
Individual, Partner of TELEPHONE  We the undersigned, attest that we are it Acts of 2004, signed by the building insplicense and (2) the certificate of liquor limit Please Check Below:  APPROVED:  DISAPPROVED:	E NUMBER:  n possession (1) the cerector and the head of the ability insurance requi	EMPLOYER IDENTIF (Note: NOT Individual Societificate required by Chehe fire department for red by Chapter 116 of OCAL LICENSING AU	napter 304 of the the above named the Acts of 2010.
Individual, Partner of TELEPHONE  We the undersigned, attest that we are it Acts of 2004, signed by the building insplicense and (2) the certificate of liquor limit Please Check Below:  APPROVED:	E NUMBER:  n possession (1) the cerector and the head of the ability insurance requi	EMPLOYER IDENTIF (Note: NOT Individual Societificate required by Chehe fire department for red by Chapter 116 of OCAL LICENSING AU	napter 304 of the the above named the Acts of 2010.
Individual, Partner of TELEPHONE  We the undersigned, attest that we are it Acts of 2004, signed by the building insplicense and (2) the certificate of liquor limit Please Check Below:  APPROVED:  DISAPPROVED:	E NUMBER:  n possession (1) the cerector and the head of the ability insurance requi	EMPLOYER IDENTIF (Note: NOT Individual Societificate required by Chehe fire department for red by Chapter 116 of OCAL LICENSING AU	napter 304 of the the above named the Acts of 2010.